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PTO/SB/05 (08-00)

October 18, 2000

Date

UTILITY

Please type a plus sign (+) inside this box -

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Approved for use through 10/31/2002. OMB 0651-0032
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PATENT APPLICATION PRINTER WITH CODE SENSOR **TRANSMITTAL** EJ776401572US / (Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No. Assistant Commissioner for Patents **APPLICATION ELEMENTS** ADDRESS TO: Box Patent Application

See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231										
		CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>) Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)								
Specification [Total Pages 32]				a. Computer Readable Form (CRF)						
(preferred arrangement set forth below) Descriptive title of the invention				ecification Sequence Lis	•	,				
- Cross Reference to Related Applications										
or a computer program listing appendix										
	- Background of the Invention c. Statements verifying identity of above copies - Brief Summary of the Invention									
- Brief Descriptio - Detailed Descri	n of the Drawings (if filed)		ACCOMPANYING APPLICATION PARTS							
- Detailed Descri	puori		9. <u>X</u>	Assignment Papers (c 37 CFR 3.73(b) State		et & document(s)) Power of				
- Abstract of the	Disclosure		10.	(when there is an ass		Attorney				
4. X Drawing(s) (35 U	S.C. 113) [Total Sheets 7]		11.	English Translation D	ocument					
5. Oath or Declaration	5. Oath or Declaration [Total Pages 3] 12					12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations				
	uted (original or copy)		13. Preliminary Amendment							
b. Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 17 completed) 14. Return (Short Completed)					Postcard (MPEP 503)					
i. DELETION OF INVENTOR(S) 14. (Should be specifically itemized) 15. Certified Copy of Priority Document(s)										
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 15. X Certified Copy of Priority Document(s) (if foreign priority is claimed)										
1.63(d)(2) and 1.33(b).										
6 Application Data Sheet. See 37 CFR 1.76										
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:										
Continuation Divisional Continuation-in-part (CIP) of prior application No.:										
Prior application Information: Examiner Group / Art Unit:										
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.										
	relied upon when a portion has been in									
	18. CORRESP	ONDENC	E ADDRI	ESS						
Customer Number or Bar Code Label 24.011 or Correspondence address below (Inserti@ustomer No. or Attach bar code label here)										
Name	KIA SILVERBROOK									
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Address										
City	Balmain	Sta	te	NSW	Zip Cod	е 2041				
Country	Australia	Telepho	ne 🗐	-61-2-9818-6633	Fax	+61-2-9819-6711				
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for FY 2				ed Inv	rentor PA	PAUL LAPSTUN			
				Name					
Patent fees are subject to a									
TOTAL AMOUNT OF PAYMENT (\$) 817			Group Art Unit Attorney Docket No.		No A	PS024US	· · · · · · · · · · · · · · · · · · ·		
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Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		139		139		Non-English spe			
Applicant claims small entity status. See 37 CFR 1.27			2,520		2,520	For filing a reque Requesting publ			
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107 490 207 245 Plant filing fee 108 710 208 355 Reissue filing fee		121	270	221	135	Request for oral	hearing		
114 150 214 75 Provisional filing fee		138	1,510	138	1,510	Petition to institu	te a public use	e proceeding	
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			130	122		Petitions to the C	Commissioner		
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103 18 203 9 Claims in excess of	of 20	146	710	246	355	Filing a submissi (37 CFR § 1.129		ejection	
102 80 202 40 Independent claim 104 270 204 135 Multiple dependent	ns in excess of 3 nt claim, if not paid	149	710	249	355	For each addition examined (37 C)	nal invention t		
109 80 209 40 ** Reissue independent	ndent daims	179	710	279	355	Request for Con			
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SUBMITTED BY							Complete (if	applicable)	
Name (PrintiType) Kia Silverbro	ook		Registra (Attorney				Telephone	+61-2-9818	-6633
Signature (1 A A)	2						Date	October 18	
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